MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/684,151 | FILING DATE

APPLICANT(S)

11/20/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL CLAIMS	20					